

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		02-14
O.I.P.E. CLASSIFIER			10 22-19-02
FORMALITY REVIEW	AS	538	03-05-02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	3/02
2	8/03
3	
4	✓
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9	✓
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11	✓
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24	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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